



Refund Ref: 08/06/2008 0030059515

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<b>Request For Continued Examination (RCE) Transmittal</b>	Application Number	10/808,242
	Filing Date	24 March 2004
	First Named Inventor	SOMMER, S.
	Group Art Unit	1733
	Examiner Name	Maki, S
	Attorney Docket Number	22882

This is a Request for Continued Examination under 37 CFR 1.114 of the above-identified application.

1. Submission required under 37 CFR 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 filed \_\_\_\_\_.
- ii. ☐ Consider the arguments in the Appeal Brief or Reply brief filed \_\_\_\_\_.
- iii. ☐ Other \_\_\_\_\_.
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other \_\_\_\_\_.
- 12/07/2007 HLE333 00000055 10808242
- 01 FC:1801 810.00 OP

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months.
- b. ☐ Other \_\_\_\_\_.

3. Fees

- a. ☐ The Director is hereby authorized to charge the following fees or credit any overpayments to deposit account 18-2025.
- i. ☐ RCE fee required under 37 CFR 1.17(e).
- ii. ☐ Extension of time fee under 37 CFR 1.136 or 1.17
- iii. ☐ Other \_\_\_\_\_.
- b. ☐ Check in the amount of \$\_\_\_\_\_.
- c. ☒ Payment by credit card (PTO-2038 attached).

**SIGNATURE OF ATTORNEY**

Name	Andrew Wilford	Reg. No.	26,597
Signature		Date	5 December 2007

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the the United States Postal service with sufficient postage as express mail in an envelope addressed to: Commissioner for Patents, Box RCE, Washington, D.C. 20231 on: 5 December 2007.

Name	Elsie Reyes	EM155714446	
Signature		Date	5 December 2007

Adjustment date: 08/06/2008 CKHL OK  
12/07/2007 HLE333 00000056 10808242  
01 FC:1253 -1050.00 OP

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: 08/04/08		2 Serial/Patent # 10808242									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
X	Extension of Time		12/05/07	\$ 1,050.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 1,050.00							
		8 TO BE REFUNDED BY: CC									
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td><td></td></tr></table>					--				
		--									
X	No Fee Due (Explanation):										
paid unnecessary extension of time fee											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: Joan Olszewski		TITLE: Petition Examiner									
SIGNATURE: _____		PHONE: 571-272-7751									
OFFICE: Office of Petitions											
*****											
THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: <u>CKH/ok</u>		DATE: <u>8/6/08</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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